

ROGER A. GIULIANI, P.C.

REVOCABLE LIVING TRUST CLIENT INTAKE

GENERAL INFORMATION:

NAME: _____ SS#: _____

SPOUSE: _____ SS#: _____

ADDRESS: _____

TELEPHONE #: _____

DOB: _____ SPOUSE'S DOB: _____

The Trustee is the person who will manage your estate after you (and your spouse if married) pass away. Please provide the information on the names, addresses and telephone numbers of your trustees.

TRUSTEE #1: _____

TRUSTEE #1 ADDRESS: _____

TRUSTEE #1 TEL. #: _____

TRUSTEE #2: _____

TRUSTEE 2 ADDRESS: _____

TRUSTEE #2 TEL. #: _____

HEALTH CARE POWER OF ATTORNEY- (Who will make health care choices for you)

NAME: _____

Address: _____

Telephone Number: _____

(2ND Alternate Health Care Power of Attorney)

NAME: _____

Address: _____

Telephone Number: _____

NAME OF CHILDREN:

_____	_____	_____
_____	_____	_____
_____	_____	_____

BENEFICIARIES: The beneficiaries are the people who will inherit your estate after you pass away. Please provide the names of the beneficiaries, their relationship to you, and their percentage share, i.e., 1/2, 1/4, or equal distribution to all beneficiaries.

BENEFICIARIES:	RELATIONSHIP	SHARE (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: _____

CLIENT'S SIGNATURE

SPOUSES SIGNATURE